CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE/CO IA IDENTIFICATION NUMBER.  445215		(X1) PROVIDER/SUPPLIER/CHA	(X2) MULTIP	13 COMPTION / 1	OMB NO. 0938-03	
		IDENTIFICATION NUMBER	A BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		8 WING				
NAME OF PROVIDER OR SUPPLIER			<u> </u>	TRUL FADORESS, CITY, STATE ZIP CODE	01/11/2017	
HERITA	ERITAGE CENTER, THE			026 MCFARLAND STREET		
<b>-</b> ·				MORRISTOWN, TN 37814		
(X4) ID PRE-LIX	(FACI) DEFICIENCY MUST BE PRECLUED BY FIRE		10)	PROVIDER'S PLANTE CORRECTION		
TAG			PREFIX TAG	(LACTI CORRECTIVE ACTION SHOULD HE CROSS-RESHIE NOSE TO THE APPROPRIAT DESCRIPTORY)	(X5) COMPLETE C CATE	
K 000	K 000 INITIAL COMMENTS		K 000	The Heritage Center is committed to upholding the highest standard of care for residents. This is about 100 periods to the control of the con	irs	
	A Life Safety Surve	ey was conducted by the State		residents. This includes substantial compliance with all applicable standards a	1	
	, or rennessee Depa	Priment of Health Division of		regulatory requirements. The facility	ind	
	- mealin Licensure a	nd Regulation Office of Health 🦠		respectfully works in cooperation with the	-	
	· Care raciillies surv · Salely Survey Had	ey on 1/11/17. During this Life		State of Tennessee Department of Health	•	
	Was found not in en	tage Center Nursing Home obstantial compliance with the	,	loward the best interest of those who requi	ire .	
	requirements for pa	Articipation in	:	the services we provide.	•	
	Medicare/Medicaid	at 42 CFR Subpart 483 20/a)		While this Plan of Correction is not to be		
	True Safety from Fig.	e. and the related National 🔠 🗄	:	considered an admission of validity of any	;	
	Fire Protection Asse	ociation (NFPA) standard 101		findings, it is submitted in good faith as a	•	
	- 2012 edition.	i		required response to the survey conducted		
:	The requirement at	42 CCC Cub., 1 400 701	1	January 9-11, 2017. This Plan of Correction	On ·	
•	NOT MET as evider	42 CFR, Subpart 483,70(a) is	;	is the facility's allegation of substantial	:	
₹ 353	NFPA 101 Sprinkler	System - Maintenance and	(4.750	compliance with Federal and State Regulations.		
SS=F	Testing	- System	K 353	regulations,		
	Sprinkler System - N	Maintenance and Testing	j i			
	Automatic sprinkler	and standpine systems are in	:	K353 NEPA INI SERENCE US SAME	i	
:	interested, tested, and maintained in accordance			K353 NFPA 101 SPRINKLER SYSTEM MAINTENANCE AND TESTING	- :	
!	WILL INCOME 25. STANCE	Did for the inspection				
	Protection Systems	ning of Water-based Fire		CORRECTIVE ACTION:		
	maintenance, inspec	Records of system design,	ļ	The five (5) correded sprinkler hands on a	ne	
	maintained in a secu	re location and readily	1	The state of the s	2/20/17	
	avaliabie.		;	new sprinkler heads of the same type:	:	
	a) Date sprinkler sy	stem last checked		a. 2 of 2 sprinkler heads in laundry where		
			:	ore washing machines are located		
	b) Who provided sy	stem test	•	O. 1 QL I Sprinkle heads outside under the	!	
•	c) Water system su	DDIV COLUMN	:	Protein overlieng of the exit discharge by the		
		pply source	:	authry department		
į	Provide in REMARKS	S information on coverage for		c. 1 of 4 sprinkler heads in the boiler room		
- 1	any non-reduited of t	partial automatic sprinkler		d. 1 of 9 sprinkler heads in the dietary department.		
	system.	1			•	
•	9.7.5, 9.7.7, 9.7.8, an	id NEPA 25	•	Completion date 2/20/2017.		
	THIS STANDARD IS:	not met as evidenced by:			•	

Smion Executive Director Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days

following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPAR: MENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/12/2017

CEN IFRS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBERS 01 DINDLING OI - NAM BUILDING OI COMPILLIED 445215 NAME OF PROVIDER OR SUPPLIER 01/11/2017 STREET ADDRESS, CITY, STATE, ZIP CODE HERITAGE CENTER, THE 1026 MCFARLAND STREET MORRISTOWN, TN 37814 SUMMARY STAILMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRFI 1X (CACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (CACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LISC IDENTIFYING INLORMATION) TAC COMPLETION OATS IAG CROSS-REFFIG NULD TO THE APPROPRIATE DEFICIENTLY) K 353 Continued From page 1 2. The weekly and monthly checklist items K 3531 Based on observation, record review and for the electric fire pumps will be interview, the facility failed to maintain the documented as required. automatic sprinkler system. Completion date 2/20/2017. NFPA 101 2012 Ed. 19.3.5, 9.7, 9.7.5 NEPA 25 2011 Ed. Table 8.1.2, Table 8.1.1.2, 8 2 2, 8, 3, 2, 8 RESIDENTS WITH POTENTIAL TO BE APPECITED: 2/20/17 The deficiencies affect 5 of 5 smoke All residents have the potential to be compartments. The census the day of the survey all'octed. was 165 residents. SYSTEMIC CHANGES: The findings include: All facility sprinkler heads will be inspected 2/20/17 by the Maintenance Director and/or 1. Observation on 1/11/17 between 1:40 PM designee to ensure compliance with NFPA and 2:25 PM revealed the following locations 101 2012 Ed. 19.3.5, 9.7, 9.7.5. The weekly have corroded sprinkler heads: and monthly checklist tems for the electric a. 2 of 2 sprinkler heads in laundry where the fire pumps will be documented as required washing machines are located. to ensure compliance with NFPA 25 2011 1 of 1 sprinkler heads outside under the Ed. Table 8.1.2, Table 8.1.1.2, 8.2.2, 8.3.2.8, porch overhang of the exit discharge by the Completion date 2/20/2017. The laundry department. Maintenance Director and/or designee will 1 of 4 sprinkler heads in the boiler room. conduct a monthly audit x 2 months to 1 of 9 sprinkler heads in the dietary ensure compliance with NFPA 101 2012 Ed. department, 19.3.5, 9.7, 9.7.5 and NFPA 25 2011 Ed. Table 8.1.2, Table 8.1.1.2, 8.2.2, 8.3.2.8. 2. Record review and interview with maintenance director on 1/11/17 at 11:14 AM <u>MONITORING:</u> revealed the weekly and monthly checklist items The Maintenance Director and/or designee for electric fire pumps are not being documented. 2/20/17 will report the monthly audit results to the Performance Improvement Committee on a The maintenance director was present was the monthly basis x 2 months for further deficiencies were identified and acknowledged by interventions if indicated. Performance the administrator during the exit conference on Improvement Committee members include 3/11/17. the Executive Director, Director of Nursing, K 902 NFPA 101 Gas and Vacuum Piped Systems -Assistant Directors of Nursing, Medical K 902 Director, Staff Development Coordinator, SS-F Other and Department Managers

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED, 01/12/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	L (XZ) M(3) CIPLS CAMPITOLOGICAL				MR NO 0838 0391	
	TOLN1 FICATION NUMBER				(X3) DATE SURVEY COMPLETED		
	445215	Ü. WING	·				
NAME OF PROVIDER OR SUPPLIES		<del></del>	S	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	1/11/2017	
HERITAGE CENTER, THE				026 MCFARLAND STREET			
		ļ					
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES			MORRISTOWN, TN 37814			
TOURNS (LACH DUTICIENC	Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFI		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS RELITRENCED TO THE APPROP DEPORTOR)	\$ 600	COMPLETION DATE	
K 902 Continued From pa	20A 7		;				
		, к9	02	K902 NFPA 101 GAS AND VACQUIN	v1		
List in the REMAR	Piped Systems - Other KS section any NFPA 99	• •	i	PIPED SYSTEMS OTHER			
Chapter 5 Gas and	Vacuum Systems			000000000000000000000000000000000000000			
requirements that a	ife not addressed by the		į	CORRECTIVE ACTION			
provided K-Tags, b	ut are deficient. This			The source valve for the piped in medic	cal	2/20/17	
iniormation, along s	with the applicable Life Safabe			gas system will be labeled for identifica-	ation.		
Code of NEPA start	idard citation, should be			Completion date 2/20/2017.			
included on Form (	IMS-2567.		į	- wife the transfer of the tra			
: Chapter 5 (NI-PA 9)	a not contact and a		-				
This STANDARD is not met as evidenced by: Based on record review, the facility failed to			1	RESIDENTS WITH POTENTIAL TO	86	b. a	
maintain the piped	in medical gas system.		-	AFFEC <u>TED:</u>		2/20/17	
:	in important gas system.		1	All residents have the potential to be			
NFPA 101 2012 Fd	19.3.2.4		-	affected.			
NFPA 99 2012 Ed. !	5.1.4.4.2		- [	SVOTEN COLUMN			
			- {	SYSTEMIC C(IANGES;			
The deficiency after	its 5 of 5 smoke			The source valve for the piped in medic gas system will be inspected by the	al	2/20/17	
compartments. The	census the day of the survey		ļ	Maintenance Director and/or designee t		·	
was 165 residents.	_			chaure compliance with NFPA 101 201	0 2 0 d		
The findings include				19.3.2.4 and NFPA 99 2012 Ed. 5.1.4.4	7 Ca.	·	
THE MICHIGA MCIDAE	i.		-	Completion date 2/20/2017. The	· <b>-</b> ·	i	
Record review of the	e medical gas system on			Maintenance Director and/or designee v	will		
1/11/17 at 11:45 AM	revealed the source valve for		- ;	conduct a monthly audit x 2 months to		ł	
: und piped in medical	gas system is not labeled for		į	ensure compliance with NFPA 101 201	2 Ed.	i	
identification	Sand Dyottern is not labeled to		-	19.3.2.4 and NPPA 99 2012 Ed. 5 L4.4	.2.		
<u>. –</u>	į		ĺ	MONETORBEO			
The maintenance di	rector was present was the		ļ	MONITORING:		İ	
, neuclency was ident	ified and acknowledged by 🧢 🤄		ļ	The Maintenance Director and/or design will report the monthly audit results to t	icc	2/20/17	
: the administrator du : 1/11/17	ring the exit conference on		1	Performance Improvement Committee	ne 	2/2////	
. 1111111	•		į	monthly basis x 2 months for further	M 4		
	:		!	interventions if indicated. Performance		ĺ	
:	į		j	Improvement Committee members inch	ade	1	
	;		:	the Executive Director, Director of Nurs	sine.		
	i		1	Assistant Directors of Nursing, Medical		1	
	•		ï	Director, Staff Development Coordinate	r,	}	
•				and Department Managers.		1	
	!		i			1	
W CMS-2507(02-99) Payers March 12			<u>:</u> _	<b>1 2</b> • • • • • • • • • • • • • • • • • • •			